

*Improving the Management of HIV Disease®:
An Advanced CME Course in HIV Pathogenesis,
Antiretrovirals, and Other Selected Issues in
HIV Disease Management*

SPRING 2009 ATLANTA COURSE

Friday, April 3, 2009
Hyatt Regency Atlanta
265 Peachtree Street NE,
Atlanta, GA, 30303

ASSESSMENT OF NEEDS

Rapid advances in HIV disease management require the ongoing attention of HIV practitioners involved in HIV medicine. The course will address the implications of new information on strategies for HIV management. Information will be presented through a mix of didactic lectures and clinically relevant cases developed by an expert faculty of HIV/AIDS clinicians and researchers.

COURSE OBJECTIVES

Upon completion of the course, participants will be able to:

- Design antiretroviral strategies that consider current data on:
 - HIV pathogenesis as it impacts clinical treatment strategies
 - When to initiate therapy
 - Managing initial treatment and complicated failure
 - Interpreting resistance test results
 - Newly approved drugs and assays
- Develop effective strategies for identifying and treating metabolic complications in HIV therapy
- Describe the incidence non-AIDS-defining cancers in HIV
- Formulate appropriate management strategies for substance users

WHO SHOULD ATTEND

This course is designed for physicians and other clinical decision makers who are actively involved in the medical care of people with HIV/AIDS, specifically those who:

- Have a solid, working knowledge of HIV disease management
- Provide comprehensive or specialty care for patients with HIV/AIDS
- Are currently active in HIV/AIDS research

This course is relevant for practitioners who are involved in HIV/AIDS patient care, including nurse practitioners and other nursing professionals, physician assistants, pharmacists, and others.

Representatives and employees of commercial companies (pharmaceutical, diagnostic, medical products, advertising, insurance, investment, communications firms, etc) must contact the International AIDS Society–USA regarding registration procedures.

CREDIT DESIGNATION

The International AIDS Society–USA designates this educational activity for a maximum of 6.25 *AMA PRA Category 1 Credits*.™ Physicians should only claim credit commensurate with the extent of their participation in the activity.

AMERICAN ACADEMY OF FAMILY PHYSICIANS CREDIT

This activity has been reviewed and is acceptable for up to 6.25 Prescribed credits by the American Academy of Family Physicians.

REGISTRATION

Commercial support of CME has been widely debated in recent years. Since 1991, the IAS–USA has used a model of pooling commercial support from companies with competing products for some of its CME activities, which, along with other firewalls, has allowed the organization to provide high-quality, truly independent, and professional education.

Some individuals and institutions are forming their own guidelines with regard to the interactions between health care providers and industry, including proposals to eliminate all commercial support from certified CME efforts. Given this environment, the IAS–USA is now offering 2 levels of registration fees for course attendees.

The first is the subsidized fee, \$50, which is made possible by generous pooled commercial support. The second registration fee, \$350, is the full cost of attendance. **The option to pay the full cost of attendance is intended for practitioners who wish to receive no financial support from commercial sources for their attendance at CME activities.** This unsubsidized fee represents the actual cost per attendee, including costs for meeting room rental; print and production; faculty travel; audiovisual equipment; speaker honoraria; food and beverage service; and administration. These costs are lower than usual because of the deep discounts the IAS–USA can negotiate as a not-for-profit entity. Nevertheless, they are considerably more expensive to the participant than the subsidized fare.

The IAS-USA is interested in knowing your thoughts on this strategy and will collect your feedback systematically for consideration in future CME program development.

GENERAL SCHEDULE

Times are approximate and are likely to change based on the number of presentations at each course. A complete agenda for this course will be available in March 2009.

Day of the Course

| | |
|---------------------|--|
| 7:30 AM | Registration Opens |
| 8:15 AM | Welcome and Introduction by Course Chairs |
| 8:30 AM – 10:40 AM | Didactic Presentations |
| 10:40 AM – 11:00AM | Morning Break |
| 11:00 AM – 12:20 PM | Didactic Presentations |
| 12:25 PM – 1:25 PM | Hosted Lunch |
| 1:25 PM – 3:50 PM | Didactic and Case Presentations |
| 3:55 PM | Closing Remarks |

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PLEASE TYPE OR PRINT CLEARLY.
ALL INFORMATION MUST BE PROVIDED.

IAS-USA ID Number (if applicable)

Name

Institution/Organization (must provide; no abbreviations please)

Title/Position (must provide)

Primary Academic Degree/License (check all that apply):

MD DO International Equivalent (specify) _____

PA NP RN PharmD Other (specify) _____

Specialty: _____

Mailing Address Work Home

City State Zip

Phone: Work Home Fax: Work Home

Please choose ONE handout material:
 Printed, bound syllabus Syllabus on CD-ROM

E-mail Address _____
For registration confirmation

Do you wish to receive IAS-USA announcements and other information at this e-mail address? Yes No

How did you hear about this course?
 IAS-USA Website Other _____
 Colleague
 Announcement received by email
 Announcement received by US mail

Do you work for a commercial company? Yes No
If yes, provide the name of the company, and see "Who Should Attend."
You will be sent additional course/registration information.

Registration Fees

Full payment must accompany this form. For additional registrants, please photocopy this form.

Subsidized:
 \$50 on or before **March 13** \$ _____
 \$65 after **March 13** \$ _____

Unsubsidized (see "Registration"):
 \$350 I prefer to pay the full cost of attendance \$ _____
 I wish to include a donation* \$ _____

Total: \$ _____

*IAS-USA is exempt from tax under section 501(c)(3) of the Internal Revenue Code. Your tax-deductible donation will be used to distribute *Topics in HIV Medicine* internationally.

We do not sell our mailing list to other organizations or commercial companies.

Make checks or money orders payable to *International AIDS Society-USA*.

Charge to my credit card: Visa MasterCard AmEx

Card Number (Visa, MasterCard, or American Express only)

Expiration Date ____ / ____

Authorized Signature on Card

Name on Card

Please mail or fax this registration form and payment to:

International AIDS Society-USA
Registration – **Atlanta, GA**
425 California Street, Suite 1450
San Francisco, CA 94104-2120
Phone (415) 544-9400; Fax (415) 544-9402

Applications with the early registration fee must be received by March 13. Preregistration closes on March 27.

Check here if you are in need of any special assistance at the course. Please notify us at least 2 weeks in advance, if possible, so that we may make the necessary arrangements. Please describe:

Check here if you require a vegetarian meal. (Please note: additional fees may apply for special meals, eg, Kosher meals.)

Check here if you have other dietary restrictions.
Please explain: _____

WEB

Atlanta, GA